


**Department of Human Resources  
Social Service Administration  
311 West Saratoga Street  
Baltimore, Maryland 21201**

**DATE:** April 15, 2014

**POLICY #:** SSA-CW# 14-17

**TO:** Local Departments of Social Services  
Directors, Assistant Directors, Out of Home  
Placement Supervisors

**FROM:** Carnitra D. White, Executive Director   
Social Services Administration

**RE:** Oversight and Monitoring of Health Care  
Services

**PROGRAM AFFECTED:** Out-of-Home Placement

**ORIGNATION OFFICE:** Resource Development, Placement and  
Support Services

**ACTION REQUIRED OF:** All Local Departments of Social Services

**REQUIRED ACTION:** Compliance with the Policy Directive

**ACTION DUE DATE:** April 30, 2014

**CONTACT PERSON:** Anita T. Wilkins, Manager  
Resource Development, Placement and  
Support Services  
Social Services Administration  
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[anita.wilkins@maryland.gov](mailto:anita.wilkins@maryland.gov)

Jacqueline C Powell, Education/Health Policy  
Analyst  
Placement and Support Services  
Social Services Administration  
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**PURPOSE:**

- To clarify the responsibilities of the local DSS regarding ongoing oversight and monitoring of health care services received by children and youth in foster care.
- To clarify health care services that a minor can consent for and confidentiality and/or informing obligation of the health care provider.
- To provide guidance regarding obtaining medical records and health care information for youth.
- To establish guidelines for documenting health information in MDCHESSE and in Health Passport.

**BACKGROUND:****FEDERAL LAW IN REFERENCE TO OVERSIGHT AND MONITORING OF HEALTH SERVICES FOR CHILD IN FOSTER CARE**

Pursuant to Section 205 of the Fostering Connections to Success and Increasing Adoptions Act of 2008, States are required to develop a plan for the ongoing oversight and coordination of health care services for any child in foster care. The provisions of section 205 indicate the following:

1. As part of the title IV-B plan, State and Tribal child welfare agencies develop the Plan in coordination with the State Medicaid agency, and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services (section 422 (b) (15) of the Social Security Act);
2. The Plan shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placement, including mental health and dental health needs; and
3. The Plan shall include an outline of:
  - A schedule for initial and follow-up health screening that meets reasonable standards of medical practice.
  - How health needs identified through screening will be monitored and treated.
  - How medical information for children in care will be updated and shared (may include implementing an electronic health record).
  - Steps to ensure continuity of health care services (may include establishing a medical home for every child in care).
  - The oversight of prescription medicines.
  - How the State actively consults with and involves physicians or other appropriate medical or non medical professionals in assessing the health and well-being of children in foster care and in determining appropriate treatment.

**STATE REGULATION IN REFERENCE TO COORDINATION OF HEALTH CARE SERVICES FOR CHILDREN IN STATE-SUPERVISED CARE**

**Maryland Department of Health and Mental Hygiene Children in State-Supervised Care**  
In accordance with COMAR 10.09.65.13, Maryland Medicaid Managed Care Organizations (MCOs) shall:



- Provide or arrange to provide all Medicaid-covered services required to comply with State statutes and regulations mandating health and mental health services for children in State-supervised care;
- Ensure that continuity and coordination of care, provided locally to the extent the services are available, to an enrollee who is a child in State-supervised care;
- Expedite a change of providers within its panel upon the move of an enrollee who is a child in State-supervised care to a new geographic area served by the MCO;
- On request of the responsible State or local agency, dis-enroll a child in State-supervised care from the current MCO and enroll in an MCO serving the group facility in which the child resides, members of the foster care family, or other children in foster care placement with the child;
- Permit the self-referral of a child in State-supervised care to an initial examination, including a mental health screen and pay for all portions of the examination, except for the mental health screen, which shall be paid for by the Specialty Mental Health System; and
- Appoint a liaison to coordinate services to a child in State-supervised care with the responsible State or local agencies.

#### **MAKING ALL THE CHILDREN HEALTHY (MATCH) PROGRAM**

Making All Children Healthy (MATCH) program is a Baltimore City initiative that was developed and implemented by the Baltimore City Department of Social Services (BCDSS) in collaboration with Health Care Access Maryland. MATCH oversees the health care of children in Baltimore City's foster care, which is 50% of youth in foster care statewide. MATCH provides medical case management and health care coordination for children and youth in foster care. In addition to coordinating medical and dental care, the program assures the completion of a mental health assessment of youth upon entry to foster care and completes referrals and follows mental health treatment. The program incorporates a child psychiatrist consultant in their review of cases with complex psychiatric health needs

#### **ACTION:**

#### **RESPONSIBILITIES OF THE LOCAL DEPARTMENT OF SOCIAL SERVICES REGARDING HEALTH CARE OVERSIGHT AND MONITORING**

##### **Health Care Requirements Upon Entry into Out-Of Home Placement (OHP)**

In accordance with Section 12 of the August 2010 edition of the Maryland Department of Human Resources Out-of-Home Placement Manual, Local Departments of Social Services shall:

- Obtain the signature of a parent or legal guardian on the Consent to Health Care and Release of Records (DHR 631-F.) **See Appendix I**
- Enroll the child in the Maryland Medical Assistance Plan (MD-MA) as soon as possible after initial placement. Enrollment in MD-MA establishes the medical home for the youth and a primary care physician is selected.

- Ensure that each child entering out-of-home placement has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Healthy Kids Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program preferably prior to or within 24 hours of removal, but no later than 5 days from removal.
- Ensure each child has a completed comprehensive health assessment within 60 calendar days of entering out-of-home placement.
- Ensure children in the care of a local department shall have an annual well-child examination.
- Ensure that appropriate follow-up appointments are made, that referrals are made and followed up on, and that evaluation, diagnosis, and treatment are secured to meet the child's health care needs.
- Ensure that all children in OHP follow the EPSDT schedule of preventive health care.
- Schedule dental care for children one (1) year and older, which shall include check-ups every six months and necessary dental treatment to be provided by the MCO or fee-for-service dental provider.
- Schedule a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam.
- Schedule dental care for children one (1) year and older, which shall include check-ups every six months and necessary dental treatment to be provided by the MCO or fee-for-service dental provider.
- Schedule a vision exam once a year in addition to any vision screening performed as part of EPSDT exam.
- Maintain the child's Health Passport which contains historical and current medical information needed by the caretaker and physician or clinic to ensure that the child's health needs have been identified and are being addressed.
- Enter all health documentation into MDCHESIE.

**Note: If workers have difficulty with providers completing the initial health care screening that is to be done within the first 5 days, due to the provider's concern about payment reimbursement, the worker can remind the provider of modifier 32 as outlined in the Department of Health and Mental Hygiene's (DHMH) Maryland Medical Assistance Program memorandum dated September 14, 2010. SEE APPENDIX II**

### **CONSENT FOR MEDICAL TREATMENT AND HEALTH CARE SERVICES**

Upon entry into out-of-home placement the local department of social services shall obtain the signature of a parent or legal guardian on the Consent to Health Care and Release of Records, (DHR 631-F). If it is not possible to obtain such consent, the local department shall petition the court for limited medical guardianship. No consent is required, if the parents' rights have been terminated. Unless otherwise specified, youth that are in out-of-home placements that are age 18 and older are considered competent to consent for medical treatment and health care services when required.



**Minors (*persons under the age of 18*) May Consent for Health Care Services**

In Maryland there are certain health care services that minors, (*persons under the age of 18*) have the same capacity as an adult to consent to treatment. When a minor is consenting for health care services the local department shall support the minor with the following:

- Providing and reviewing information about the consented health care services with the minor.
- Ensuring that the minor has transportation to all appointments, including follow-up appointments.
- Ensuring that an adult accompanies the minor on appointments.
- If prescriptions are given, ensuring that all prescriptions are filled and that the minor understands the importance of adhering to regimen.
- If the minor's recovery requires them to be absent from school, ensure that the minor's school is notified so that the absence will be considered an excused absence.

**Please see Appendix III- Health Care Services that a Minor (*i.e. person under age 18*) Can Give Consent**

**OBTAINING MEDICAL RECORDS AND HEALTH CARE INFORMATION**

In accordance with Maryland law (Md. Code Ann., Health-Gen. I §4-303 (a) (b)(1)-(5)) a health care provider shall disclose a medical record on the authorization of a person in interest. An authorization shall:

- Be in writing, dated, and signed by the person of interest;
- State the name of the health care provider;
- Identify to whom the information is to be disclosed;
- State the period of time that the authorization is valid; which may not exceed 1 year, except:
  - In cases of criminal justice referrals, in which case the authorization shall be valid until 30 days following final disposition; or
  - In cases where the patient on who the medical record is kept is a resident of a nursing home, in which case the authorization shall be valid until revoked, or for anytime period specified in the authorization; and
- Apply only to a medical record developed by the health care provider unless in writing:
  - The authorization specifies disclosure of a medical record that the health care provider has received from another provider; and
  - The other provider has not prohibited re-disclosure.

As provided in § 4-303 (e)(2)-(3) of the Md. Code Ann., Health Gen article, except in cases of criminal justice referrals, a person of interest may revoke an authorization in writing. A revocation of an authorization becomes effective on the date of receipt by the health care provider. A disclosure made before the effective date of a revocation is not affected by the revocation.

In accordance with Maryland law (Md. Code Ann., Health-Gen. I § 4-301(k)(4)-(5)), the following qualify as a “ Person in interest” who may access the medical records of minors:

- A minor, if the medical record concerns treatment to which the minor has the right to consent and has consented.
- A parent, guardian, custodian, or a representatives of the minor designated by a court, in the discretion of the attending who provided the treatment to the minor, as provided in §20-102 or § 20-104 of the Md. Code Ann., Health-Gen Article.
- A parent of the minor, except if the parent’s authority to consent to health care for the minor has been specifically limited by a court order or valid separation agreement entered into by the parents of the minor.
- A person authorized to consent to health care for the minor consistent with the authority granted.
- An attorney appointed in writing by an authorized person as listed above.

## **DOCUMENTATION AND SHARING OF HEALTH CARE INFORMATION (HEALTH PASSPORT and MDCHESSIE)**

### **Health Passport (DHR/SSA 631-A-C series, See Appendix III)**

The passport shall be given to the caregiver at the time of placement and is required to be taken to every appointment. The original of the forms remains in the Health Passport. Copies of the forms are placed in the child’s case record. The Health Passport shall be returned to the local department of social services at the time the child leaves the placement. The passport is given to the adoptive parents at placement, to birth parents when the child returns home, or to the young adult when they reach the age 18, as appropriate, and at no cost.

The Health Passport performs the following functions:

- The passport contains historical and current medical information needed by the caretaker and physicians or clinic to ensure that the child’s health needs have been identified and are being addressed.
- The health forms serve as the caseworker’s documentation for compliance purposes.
- The health passport also serves as a record that provides health care documentation for children who are adopted or who are permanently separated from their families.

### **MDCHESSIE Health Care Screens (MediAlert, Health History, and Development Functioning)**

Pursuant to Title VI- of the Social Security Act child welfare agencies are required to maintain health care records on children and youth in out-of-home placement. Youth between the ages of 18-20 that are still in out-of- home placement and consenting for their health care treatment, shall provide documentation of health care services to the local department of social services for the purpose of maintaining their health record in MDCHESSIE. MDCHESSIE is the official case plan file for each youth in out-of-home placement. MDCHESSIE has a Health folder which maintains the health record for children and youth in out-of-home placement. Within the health folder there are three additional health folders, they include the MediAlert Folder, Health History Folder, and Development Functioning Folder. To ensure proper oversight and monitoring of health care services, the local department of social services shall ensure that each of the folders



in the health folder is fully completed with current and accurate health care information on each youth in out-of- home placement.

### MediAlert Folder

The following health care information is monitored and maintained in the MediAlert Tab:

- Examination Information,
- Chronic Health Information,
- Allergies/Special Needs/Hygiene/Phobias Information,
- Medications, and
- Health Insurance.

Below is an example of a completed MDCHESIE MediAlert Examination, Medication, and Insurance Tabs.

### Examination Information

Service Cases > Dresser, Bridget (#20000921) > Clients > Dresser, Kristin (#20003803) > Health > Medi-Alert

New Save Delete Close

Examination	Chronic	Allergies/Sp. Needs/Hygiene/Phobias	Medication	Insurance
<b>Info Provided Name</b>	<b>Relationship</b>	<b>Nature of Exam</b>	<b>Date of Examination</b>	
Dr Phil McGraw	Medical Professional	Annual Health Exam	01/06/2014	

Examination Information

\*Info Provided By

Client List: ☐ Household ☒ Collateral

Collateral List: Dr Phil McGraw

\*Info Provided Name: Dr Phil McGraw

Relationship: Medical Professional

Appointment Information

Appt. Date: 01/06/2014 ☒ Appt Kept Next Appt. Date: 01/29/2015

\*Nature of Exam: Annual Health Examination Lab Test:

Specialty Exam: GYN Consent for HIV Test Received: ☐

Physician Information

Physician Name: Dr. Phil McGraw

Specialty: OBGYN

Affiliation/Organization: OBYN of Towson

Address: 1220 York Road Baltimore, MD 21212 [Edit](#)

Contact Info: [Edit](#)

Work: (410) 526-6400 Ext:

Fax: ( ) -

Physician's Recommendations: [Edit](#)

Return follow up scheduled

Comments: [Edit](#)

Reviewed birth control methods with Kristin

## Medication Information

Service Cases > Dresser, Bridget (#20000321) > Clients >  
Dresser, Kristin (#20003603) > Health > Medi-Alert

New Save Delete Close

Examination Chronic Allergies/Sp. Needs/Hygiene/Phobias **Medication** Insurance

Info Provided Name	Relationship	Medication Name	Date Started
Bridget Dresser (1970-07-28) (2000)	Daughter (Biological)	Lasix	01/09/2012

Medication Information [Current Medications](#)

\*Info Provided By:

☒ Household ☐ Collateral

Client List:  Collateral List:

\*Info Provided Name: Bridget Dresser (1970-07-28) (20003600)

Relationship: Daughter (Biological)

Medication Details

\*Medication Name: Lasix

Dose/Frequency: 10 mg 2 X a day

Date Started: 01/09/2012 Date to Stop: 00/00/0000 Date Stopped: 00/00/0000

Reason/Purpose: [Edit](#)

Prescribed for because Kristin was diagnosed with high blood pressure. Medication help to maintain a normal blood pressure.

Physician Information

Physician Name: Dr. Jasmin Block

Affiliation/Organization: Physician One Inc

Address: [Edit](#) 2312 King Bottom Floor 302 Windsor Mill, MD 21244

Contact Info: [Edit](#)

Work: (410)332-4589 Ext:

Fax: (410)332-9876

Pharmacy Information

Pharmacy Name: Giant

Pharmacy Phone: (410)602-3451

Comments: [Edit](#)

Medication is being monitored by Dr. Block and should be taken as prescribed.



## Insurance Information

Service Cases > Dresser, Bridget (#20000921) > Clients >  
Dresser, Kristin (#20003603) > Health > MediAlert

New Save Delete Close

Examination Chronic Allergies/Sp. Needs/Hygiene/Phobias Medication **Insurance**

Info Provided Name	Relationship	Policy Holder Name	Insurance Type
Bridget Dresser (1970-07-28)	Daughter (Biological)		Medicaid (Medical Ass

Insurance Information

\*Info Provided By:

☒ Household ☐ Collateral ☐ CARES

Client List: Collateral List:

\*Info Provided Name: Bridget Dresser (1970-07-28) (20003600)

Relationship: Daughter (Biological)

Insurance Background

\*Insurance Type: Medicaid (Medical Assistance) \*Other Medical Coverage: MA or Health Insurance #: 387904

Medicaid Program Start Date: 00/00/0000 End Date: 00/00/0000

☐ Has Insurance Been Discussed? MA Type:

Policy Information

HMO/MCO/MCHP: Medicaid (Medical Assistance)

Policy Number: 898767 Group Number: 012345 Start Date: 07/14/2009

Primary Care/Assigned Provider: Bridget Dresser End Date: 01/25/2013

Address: [Edit](#) Contact Info: [Edit](#)

Work: ( ) - Ext: Fax: ( ) -

Policy Holder Information

Name: Name (not listed):

SSN: 000-00-0000 Relation to the Client:

Address: [Edit](#) Contact Info: [Edit](#)

Home: ( ) - Work: ( ) - Ext:

Comments: [Edit](#)

## Health History Folder

The following health care information is monitored and maintained in the Health History Folder:

- Under 5 Health Care Information,
- Birth Information,
- Sexual Information,
- Hospitalization Information,
- Immunization Information, and
- Family Medical History Information.

Below is an example of a completed MDCHESIE Health History Hospitalization and Immunization Information Tabs.

### Hospitalization Information

Service Cases > Dresser, Bridget (#20000921) > Clients >  
Dresser, Kristin (#20003603) > Health > Health History

New Save Delete Close

Under 5 Years Birth Info Sexual Info **Hospitalization** Immunization Family History

Info Provided Name	Relationship	Type of Hospitalization	Reason for Hospitalization
Bridget Dresser (1970-0)	Daughter (Biological)	Medical (Specify)	Eye Injury

Hospitalizations Information

\*Info Provided By: ☒ Household ☐ Collateral

Client List:  Collateral List:

\*Info Provided Name: Bridget Dresser (1970-07-28) (20003600)

Relationship: Daughter (Biological)

\*Type of Hospitalization: Medical (Specify) \*Reason for Hospitalization: Eye Injury

Start Date: 05/09/2012 End Date: 05/10/2012

Reason/Diagnosis: [Edit](#)  
Kristin injured her right eye while participating in Physical Education in school. She was taken to the hospital and recieved ten stitches and was keep overnight for observation.

Hospital Information

Name of Hospital: Northwest Hospital

Address: [Edit](#) 2121 Old Court Road Baltimore, MD 21208

Contact Info: [Edit](#)  
Work: (410)-230-7531 Ext:   
Fax: (410)-230-6509

Comments: [Edit](#)  
Kristin had a full recovery. There was no other damage to her right eye.



## Immunization Information

Service Cases > Dresser, Bridget (#20000921) > Clients >  
Dresser, Kristin (#20003603) > Health > Health History

New Save Delete Close

Under 5 Years Birth Info Sexual Info Hospitalization **Immunization** Family History

Info Provided By	Name	Relationship	Immunization Type	Date	Next Due Date
	Mrs. Betty White	Teacher	DPT-Dose 5	05/10/2000	

Immunization Information

\*Info Provided By: Client List: Collateral List:

☐ Household ☒ Collateral

\*Info Provided Name: Mrs. Betty White

Relationship: Teacher

Immunization Information Detail

\*Type: DPT-Dose 5 ☐ \*Not Immunized

Date: 05/10/2000 Next Due Date: 00/00/0000

Reason for Non-Immunization: [Edit](#)

Physician/Clinic Information

Physician/Clinic: Upstate Community Clinic

Address: [Edit](#) 2020 Main Circle Windsor Mill, MD 21244

Contact Info: [Edit](#)

Work: (410)-221-3456 Ext:

Fax: (410)-221-6789

☒ Certified Copy in Hard File

Comments: [Edit](#)

## Development Status Folder

The following health care information is monitored and maintained in the Development Status Folder:

- Mobility/Speech,
- Feeding,
- Sleeping, and
- Elimination.

Below is an example of a completed MDCHESSIE Development Status Mobility Tab.

Service Cases > Dresser, Bridget (#20000921) > Clients >  
Dresser, Kristin (#20003603) > Health > Development Status

New Save Delete Close

**Mobility/Speech** Feeding Sleeping Elimination

Info Provided Name	Relationship
Bridget Dresser (1970-07-28) (20003600)	Daughter (Biological)

Mobility/Speech Information

\*Info Provided By:

Client List: ☐ Household ☐ Collateral

\*Info Provided Name: Bridget Dresser (1970-07-28) (20003600)

Relationship: Daughter (Biological)

☐ Mobility/Speech Info Unknown

Speech: Sentences

Age When Child First:

Sat Up: 9 months

Walked: 10 months

Talked: 12 months

Mobility: [Select](#)

Runs  
Sits  
Stands  
Walks

Comments (If you checked unknown, describe efforts made to collect information): [Edit](#)





## Appendix II

PT 08-11



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Calhoun, Secretary

### MARYLAND MEDICAL ASSISTANCE PROGRAM

EPSDT Transmittal No. 32

September 14, 2010

**TO:** EPSDT Providers

**FROM:** Susan J. Tucker, Executive Director  
Office of Health Services

**RE:** Procedure Change – Modifier Required for Initial Medical Exam of Child in State-Supervised Care

**NOTE:** Please ensure that the appropriate staff members in your Organizations are informed of the content of this transmittal.

\*\*\*\*\*

Effective October 1, 2010, the Department will require EPSDT providers to use modifier “32” (Mandated Services) for initial examination visits, and any other procedures provided during this visit, of a child entering State-supervised care. When this modifier is used, MCOs will be obligated to pay for all portions of the EPSDT examination as described in the Healthy Kids Manual. Using this modifier will allow the MCO to identify this service as self referred so that a non participating provider can receive payment.

Prior to rendering well child care to a child in State supervised care a provider must receive EPSDT certification from the Department of Health and Mental Hygiene. Eligible providers should bill the child's MCO utilizing the age appropriate preventative CPT code (see code list below) in conjunction with modifier “32” (Mandated Services). Providers should only use modifier “32” for the initial examination visit, and any other procedures provided during this visit, of a child entering State-supervised care. Modifier “32” should not be used for subsequent visits. Eligible providers will be reimbursed by MCOs at the current Medicaid Fee for Service rate.

#### Comprehensive Preventive Medicine (New Patient)

<u>CPT Code</u>	<u>Modifier</u>	<u>Description</u>
99381	32	Infant (age under 1 year)
99382	32	Early Childhood (age 1 through 4 years)
99383	32	Late Childhood (age 5 through 11 years)
99384	32	Adolescent 9 (age 12 through 17 years)

or

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258  
Web Site: [www.dhmh.state.md.us](http://www.dhmh.state.md.us)



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**Periodic Comprehensive Preventive Services (Established Patient)**

<u>CPT Code</u>	<u>Modifier</u>	<u>Description</u>
99391	32	Infant (age under 1 year)
99392	32	Early Childhood (age 1 through 4 years)
99393	32	Late Childhood (age 5 through 11 years)
99394	32	Adolescent 9 (age 12 through 17 years)

**FOR CURRENT FEE SCHEDULE, SEE THE MEDICAID PROVIDER FEE MANUAL  
ON LINE AT: <http://www.dhmh.state.md.us/mma/providerinfo/>**

We appreciate your providing this critical service to this vulnerable population and hope this new billing procedure will help you receive more accurate, timely reimbursement. Please contact the Provider Hotline for additional information, billing questions and/or to report MCO reimbursement difficulties at (800) 766-8692.

**Appendix III**  
**Health Care Services that a Minor (i.e. person under age 18) Can Give Consent**

Health Care Service	Law	Confidentiality and /or Informing Obligation of the Health Care Provider
<b>General Medical or Dental Treatment</b>	<p>A minor (<i>i.e. person under the age of 18</i>) has the same capacity as an adult to consent to medical or dental treatment if the minor:</p> <ol style="list-style-type: none"> <li>1) Is married;</li> <li>2) Is parent of a child;</li> <li>3) i. Is living separate &amp; apart from minor's parents, or guardian, whether with or without consent of minor's parent, parents, or guardian; and</li> <li>ii. Is self-supporting, regardless of source of minor's income.</li> </ol> <p>[Md. Code Ann., Health-Gen II §20-102(a)]</p>	<p>Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion</p> <p>[Md. Code Ann., Health-Gen II § 20-102(f)]</p>
<b>Pregnancy</b>	<p>A minor (<i>i.e. a person under the age of age 18</i>) has the capacity as an adult to consent to treatment for or advice about pregnancy other than sterilization.</p> <p>[Md. Code Ann., Health-Gen. II § 20-102(c)(1)-(5)]</p>	<p>Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion</p> <p>[Md. Code Ann., Health-Gen II § 20-102(f)]</p>
<b>Contraception</b>	<p>A minor (<i>i.e. a person under the age of 18</i>) has the capacity as an adult to consent to treatment for or advice about contraception other than sterilization.</p> <p>[Md. Code Ann., Health-Gen. II §20-102(c) (1)-(5)]</p>	<p>Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion</p> <p>[Md. Code Ann., Health-Gen II § 20-102(f)]</p>



<b>Diagnosis and/or Treatment For Sexually Transmitted Disease</b>	A minor ( <i>i.e. a person under the age of 18</i> ) has the same capacity as an adult to consent to treatment for or advice about venereal disease [Md. Code Ann., Health-Gen. II § 20-102 (c) (1)-(5)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information about an abortion [Md. Code Ann., Health-Gen II § 20-102(f)]
<b>AIDS/HIV Testing and Treatment</b>	A minor ( <i>i.e. a person under the age of 18</i> ) has the same capacity as an adult to consent to treatment for or advice about venereal disease [Md. Code Ann., Health-Gen. II § 20-102 (c) (1)-(5)]	Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor, except information an abortion [Md. Code Ann., Health-Gen II § 20-102(f)]
<b>Abortion</b>	A physician may not perform an abortion on an unmarried minor unless the physician first gives notice to a parent or guardian of the minor, except as provided with respect to “incomplete notice” and “waiver of notice”. Md. Code Ann., Health-Gen. II § 20-103(a)]	<i>Waiver of Notice</i> - No notice required, if, in the professional judgment of the physician: <ol style="list-style-type: none"> <li>1. Notice to the parent or guardian may lead to physical or emotional abuse of the minor;</li> <li>2. The minor is mature and capable of giving informed consent to an abortion ; or</li> <li>3. Notification would not be in the best interest of the minor.</li> </ol> <i>Incomplete Notice</i> -No notice required if: <ol style="list-style-type: none"> <li>1. The minor does not live with a parent or guardian; and</li> </ol>

		<p>2. A reasonable effort to give notice to a parent or guardian is unsuccessful.</p> <p>[Md. Code Ann., Health-Gen. II § 20-103(b)]</p> <p>A physician is not liable for civil damages or subject to criminal penalty for a decision under this subsection not to give notice.</p> <p>[Md. Code Ann., Health-Gen. II § 20-103 (c)]</p> <p><i>Notice Prohibited-</i> A physician may not provide notice to a parent or guardian if the minor decides not to have the abortion</p> <p>[Md. Code Ann., Health-Gen. II § 20-103 (e)]</p>
<b>Emergency Medical Services</b>	<p>A minor (<i>i.e. a person under the age of 18</i>) has the same capacity as an adult to consent to medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual.</p> <p>[Md. Code Ann., Health-Gen. II § 20-102(b)]</p>	<p>The health care provider shall inform the minor's parent or guardian.</p> <p>The health care provider may treat a patient who is incapable of making an informed decision, without consent, if the treatment is of an emergency nature; the person who is authorized to give consent is not available immediately; and the attending physician determines that there is substantial risk of death or immediate and serious harm to the patient and that the life or health of the patient would be affected adversely by delaying treatment to obtain consent.</p> <p>[Md. Code Ann., Health-Gen. II § 5-607]</p>
<b>Drug and Alcohol Abuse Treatment</b>	<p>A minor (<i>i.e., a person under the age of 18</i>) has the same capacity as an adult to consent to treatment for advice about drug abuse and alcoholism [Md. Code Ann., Health-Gen. II § 20-102 (c) (1)&amp;(5)]</p> <p><i>Psychological treatment for drug abuse or alcoholism</i></p> <p>A minor has the capacity to consent to psychological</p>	<p>Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the</p>



	<p>treatment for drug abuse or alcoholism if, in the judgment of the attending physician or a psychologist, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual [Md. Code Ann., Health-Gen. II § 20-102 (d)]</p> <p><i>Refusal of treatment</i></p> <p>The capacity of a minor to consent to treatment for drug abuse or alcoholism does not include the capacity to refuse treatment in a certified inpatient alcohol or drug treatment program for which a parent /guardian has given consent [Md. Code Ann., Health-Gen. II § 20-102(c-1)]</p>	<p>spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]</p>
<b>Outpatient Mental Health Services</b>	<p>A minor who is 16 years old or older has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, or a clinic [Md. Code Ann., Health-Gen. II § 20-104(a)] The capacity of a minor to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a physician, psychologist, or a clinic does not include the capacity to refuse consultation, diagnosis, or treatment for a mental or emotional disorder for which a parent, guardian, or custodian of the minor has given consent</p>	<p>Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]</p>
<b>Sexual Assault and Rape Services</b>	<p>A minor (<i>i.e., a person under the age of 18</i>) has the same capacity as an adult to consent to:</p> <ul style="list-style-type: none"> <li>Physical examination and treatment of injuries</li> <li>Physical examination to obtain evidence from an alleged rape or sexual offense.</li> </ul> <p>[Md. Code Ann., Health-Gen. II § 20-102 (c)(6)-(7)]</p>	<p>Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]</p>
<b>Admission to Detention Center</b>	<p>A minor (<i>i.e. a person under the age of 18</i>) has the same capacity as an adult to consent to:</p> <ul style="list-style-type: none"> <li>Initial medical screening and physical examination on and after admission into a detention center</li> </ul> <p>[Md. Code Ann., Health-Gen. II § 20-102 (c)(8)]</p>	<p>Without the consent of or over the express objection of a minor, the health care provider may, but need not, give a parent, guardian, or custodian of the minor or the spouse of the parent information about treatment needed by the minor or provided to the minor [Md. Code Ann., Health-Gen. II § 20-102(f)]</p>

## Appendix IV

<b>FORM 631-A</b>	Health Passport <b>MEDI-ALERT</b> (See Instructions on reverse)				<input type="checkbox"/> ORIGINAL <input type="checkbox"/> UPDATE (Complete 1, 2, 6, plus new information)	
<b>I. CHILD'S CURRENT HEALTH CARE PROVIDERS</b>					<b>1. CHILD'S NAME</b>	
<b>A. NAME AND ADDRESS</b>		<b>B. NAME AND ADDRESS</b>			<b>2. DATE OF BIRTH</b>	
					<b>3. SEX</b>	
					<b>4. MA # OR HEALTH INS.</b>	
					<b>5. WORKER COMPLETING FORM &amp; ID #</b>	
					<b>6. TELEPHONE</b>	
<b>SPECIALITY</b>	<b>TELEPHONE</b>	<b>SPECIALITY</b>	<b>TELEPHONE</b>	<b>7. LOCAL DSS / UNIT</b>		
				<b>8. DATE FORM COMPLETED</b>		
<b>II. PLACEMENT INFORMATION</b>						
<b>A. DATE OF PLACEMENT OR RE-PLACEMENT</b>		<b>B. TYPE</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT		<b>C. HEALTH REPORT (631-E)</b> <input type="checkbox"/> REPORT ATTACHED <input type="checkbox"/> NOT EXAMINED		<b>D. COMMENTS</b>
<b>III. CHRONIC HEALTH PROBLEMS</b>						
<b>A. PHYSICAL</b>				<b>B. MENTAL HEALTH</b>		
<input type="checkbox"/> ANEMIA	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> SUBSTANCE ABUSE		<input type="checkbox"/> DEPRESSION		<input type="checkbox"/> SUICIDE ATTEMPTS
<input type="checkbox"/> ASTHMA / WHEEZING	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> TOOTH DECAY		<input type="checkbox"/> DISRUPTIVE / VIOLENT BEHAVIOR		<input type="checkbox"/> OTHER (specify)
<input type="checkbox"/> BEDWETTING	<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> URINARY TRACT / KIDNEY INFECTION		<input type="checkbox"/> FIRE SETTING		
<input type="checkbox"/> CONSTIPATION	<input type="checkbox"/> HIV + / AIDS	<input type="checkbox"/> VAGINAL DISCHARGE / INFECTION		<input type="checkbox"/> HEAD BANGING		
<input type="checkbox"/> DELAYED DEVELOPMENT	<input type="checkbox"/> IRREGULAR / PAINFUL MENSES	<input type="checkbox"/> VISION		<input type="checkbox"/> HYPERACTIVE / A.D.D.		
<input type="checkbox"/> DIABETES (sugar)	<input type="checkbox"/> LEAD POISONING	<input type="checkbox"/> OTHER (specify)		<input type="checkbox"/> LYING (aberrant)		
<input type="checkbox"/> DIARRHEA	<input type="checkbox"/> LUNG DISEASE			<input type="checkbox"/> SELF INJURY		
<input type="checkbox"/> EAR INFECTION	<input type="checkbox"/> SICKLE CELL			<input type="checkbox"/> SEXUAL ACTING OUT		<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> ECZEMA RASHES	<input type="checkbox"/> SPEECH			<input type="checkbox"/> STEALING		<input type="checkbox"/> NONE
<input type="checkbox"/> EPILEPSY / SEIZURES	<input type="checkbox"/> SORE THROAT					
<input type="checkbox"/> HEARING	<input type="checkbox"/> SOILING CLOTHING	<input type="checkbox"/> NONE				
<b>IV. PRESENT MEDICATION</b> <span style="float: right;"><input type="checkbox"/> NOT TAKING MEDICATION</span>						
<b>NAME</b>	<b>PURPOSE</b>	<b>DOSE/FREQUENCY</b>	<b>DATE STARTED</b>	<b>DATE TO STOP</b>	<b>PRESCRIBING PHYSICIAN (Name and Location)</b>	
<b>V. ALLERGIES/ADVERSE REACTIONS</b>			<b>VI. SPECIAL NEEDS</b>			
<input type="checkbox"/> CHEMICALS	<input type="checkbox"/> OTHER SPECIFY EACH:	<input type="checkbox"/> APNEA MONITOR		<input type="checkbox"/> HEARING AID (left)		<input type="checkbox"/> SPECIAL DIET (specify)
<input type="checkbox"/> FOOD		<input type="checkbox"/> CAR SAFETY SEAT		<input type="checkbox"/> HEARING AID (right)		
<input type="checkbox"/> INSECT BITES	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> CRUTCHES / CANE / WALKER		<input type="checkbox"/> ORTHOPEDIC APPLIANCE		<input type="checkbox"/> OTHER (specify)
<input type="checkbox"/> MEDICATIONS		<input type="checkbox"/> ENGLISH NOT PRIMARY LANGUAGE		<input type="checkbox"/> SPECIAL EDUCATION		
		<input type="checkbox"/> GLASSES		<input type="checkbox"/> WHEELCHAIR		
<b>VII. PERSONAL HYGIENE</b>		<b>VIII. FEARS / PHOBIAS</b>		<b>IX. ACADEMIC STATUS</b>		
<input type="checkbox"/> BATHES SELF	<input type="checkbox"/> ANIMALS	<input type="checkbox"/> DARKNESS		<b>SCHOOL (Name and Address)</b>		
<input type="checkbox"/> DRESSES SELF	<input type="checkbox"/> LOUD NOISES	<input type="checkbox"/> OTHER (specify)				
<input type="checkbox"/> FIXES HAIR	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> NONE		<b>TYPE OF CLASS</b> <input type="checkbox"/> REGULAR <input type="checkbox"/> OTHER (specify) <input type="checkbox"/> SPECIAL ED. <input type="checkbox"/> NOT IN SCHOOL		
<input type="checkbox"/> NEEDS ASSISTANCE WITH ACTIVITIES OF DAILY LIVING						
<input type="checkbox"/> UNKNOWN						
<b>X. INFORMATION ON THE ABOVE SECTIONS WAS PROVIDED BY:</b>						
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (specify)						
<b>XI. COMMENTS:</b>						



**INSTRUCTIONS (631-A)**

**MARK "X" IN THE APPROPRIATE BOX IN ALL SECTIONS.**

**WHEN TO COMPLETE:** At intake, when a child is removed and placed out of the home of the parent OR legal guardian or at replacement with another caretaker.

**WHO COMPLETES:** The worker who initiates the removal from the home of the parent or legal guardian for placement OR replaces the child.

This form **MUST** be completed whenever a child is placed OR when a child is replaced. All information **MUST** be transferred to a new form at replacement if a new form is required. *(Exception: if the existing form contains complete and current information, the existing form can be continued. Verify this on the Receipt of Health Passport form (DHR/SSA 631 G) at the time of placement.)*

**Case Identifying Information:**

4. If no medical assistance or health insurance number exists, this information must be added as soon as possible. A number can be identified even before a card is issued.

**I. Current Health Care Providers:**

A/B. Identify the name and address of the primary health care providers (pediatrician, HMO, etc.)

**II. Placement Information:**

- C. This Health Visit Report must document child's condition at the initial placement. A new Health Visit and Report is recommended at every replacement which is longer than one month from last visit.

**III. Chronic Health Problems:**

Mark all that apply. If "Other" specify. Completion is based on the best knowledge of the provider of the information.

**IV. Present Medication:**

Any medication the child is taking at the time of placement **MUST BE** listed.

Dose/Frequency: Include actual AM or PM time; before or after meals, with food, etc.

**VI. Special Needs:**

May be determined by worker observation or information from caretaker.

**VII. Personal Hygiene:**

Attention should be given to age and abilities of child.

**XI. Comments:**

use this area for any additional or unusual information related to items above or conditions not covered by form.



FORM 631-C		Health Passport <b>DEVELOPMENTAL STATUS</b> (Ages 0-4 or child with disability) <small>(See instructions on reverse)</small>			
1. CHILD'S NAME		2. DATE FORM COMPLETED			
3. BIRTHDATE	4. WORKER COMPLETING FORM & ID#	5. WORKER TELEPHONE	6. LOSS		
<b>A. MOBILITY / SPEECH</b> <span style="float: right;"><input type="checkbox"/> UNKNOWN</span>					
1. AGE CHILD:		2. SPEECH		3. MOBILITY (check all that apply):	
SAT UP	BEGAN WALKING	BEGAN TALKING	<input type="checkbox"/> NONE <input type="checkbox"/> SINGLE WORDS	<input type="checkbox"/> PHRASES <input type="checkbox"/> SENTENCES	<input type="checkbox"/> LITTLE OR NONE <input type="checkbox"/> SITS <input type="checkbox"/> STANDS
				<input type="checkbox"/> WALKS <input type="checkbox"/> RUNS	
4. COMMENTS:					
<b>B. FEEDING</b> <span style="float: right;"><input type="checkbox"/> UNKNOWN</span>					
1. LIQUIDS		2. SOLID FOOD		3. TYPE OF DIET	
<input type="checkbox"/> BREAST FED <input type="checkbox"/> BOTTLE FED	<input type="checkbox"/> DRINKS FROM CUP <input type="checkbox"/> FEEDS SELF	<input type="checkbox"/> STRAINED <input type="checkbox"/> JUNIOR	<input type="checkbox"/> TABLE FOOD	<input type="checkbox"/> REGULAR <input type="checkbox"/> SPECIAL (list below)	4. BOTTLE FEEDING ONLY
				a. TYPE OF FORMULA	b. AMT. PER FEEDING
5. FEEDING POSITION		6. TYPE EATER		7. OTHER NEEDS	
<input type="checkbox"/> LAP <input type="checkbox"/> HIGH CHAIR	<input type="checkbox"/> TABLE <input type="checkbox"/> OTHER	<input type="checkbox"/> AVERAGE <input type="checkbox"/> PICKY	<input type="checkbox"/> HEARTY	<input type="checkbox"/> SPECIAL NIPPLE <input type="checkbox"/> PACIFIER	<input type="checkbox"/> THUMB SUCKER <input type="checkbox"/> OTHER (specify)
8. COMMENTS (Include food likes and dislikes of child)					
<b>C. SLEEPING</b> <span style="float: right;"><input type="checkbox"/> UNKNOWN</span>					
1. ENVIRONMENT		2. SCHEDULE		3. SLEEPING POSITION	
<input type="checkbox"/> BED <input type="checkbox"/> CRIB <input type="checkbox"/> OTHER	<input type="checkbox"/> LIGHT ON <input type="checkbox"/> SLEEPS ALONE <input type="checkbox"/> SLEEPS WITH SOMEONE	a. NAP TIME	b. BEDTIME	<input type="checkbox"/> BACK <input type="checkbox"/> SIDE <input type="checkbox"/> STOMACH	4. PROBLEMS
				<input type="checkbox"/> INSOMNIA <input type="checkbox"/> NIGHTMARES <input type="checkbox"/> OTHER (explain below)	
5. COMMENTS (include bedtime rituals e.g. telling a story, reading, singing, etc. / security objects e.g. pacifier, blanket or towel, stuffed animal or toy/mood upon awakening)					
<b>D. ELIMINATION (Bowel Movement/Urination)</b> <span style="float: right;"><input type="checkbox"/> UNKNOWN</span>					
1. CURRENT STATUS		2a. WORD FOR BOWEL MOVEMENT		2. TOILET TRAINING ONLY	
<input type="checkbox"/> CLOTH DIAPERS <input type="checkbox"/> DISPOSABLE DIAPERS <input type="checkbox"/> EITHER	<input type="checkbox"/> TRAINING PANTS <input type="checkbox"/> RUBBER PANTS <input type="checkbox"/> TOILET TRAINED			2b. WORD FOR URINATION	2c. METHOD
				<input type="checkbox"/> POTTIE	<input type="checkbox"/> REGULAR TOILET SEAT <input type="checkbox"/> TOILET SEAT ATTACHMENT
3. COMMENTS					
<b>E. SPECIAL CONSIDERATION (Fears, Favorite toys, etc.)</b> <span style="float: right;"><input type="checkbox"/> UNKNOWN</span>					
1. COMMENTS					
<b>F. THE ABOVE INFORMATION WAS OBTAINED FROM:</b>					
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (specify)					

## Appendix V

### DEFINITIONS

**Early and Periodic Screening, Diagnosis Treatment (EPSDT)** means the provision, to individuals younger than 21 years old, of preventive health care pursuant to 42 CFR§441.50 et.seq. (1981), and other health care services, diagnostic services and treatment services that are necessary to correct or ameliorate defects and physical and mental illnesses and conditions by EPSDT screening services.

**EPSDT-certified provider** means a physician or nurse practitioner who is certified by the Department of Health and Mental Hygiene's (DHMH) EPSDT program to provide comprehensive well-child services according to DHMH periodicity schedule and program standards to enrollees younger than 21 years old.

**EPSDT comprehensive well-child services** means (a) all the screening services provided by an EPSDT certified provider that are required or recommended on the EPSDT periodicity schedule; and (b) health care services to diagnose, treat, or refer problems or conditions discovered during the comprehensive well-child service.

**EPSDT partial or inter-periodic well-child service** means (a) a well-child service provided at times different than those outlined in the EPSDT periodicity schedule; or (b) any encounter by a health care practitioner necessary to diagnose or identify a condition and recommend a course of treatment.

**EPSDT periodicity schedule** means the Department of Health and Mental Hygiene's approved list of required or recommended preventive health care services which are to be performed at specified ages.

**Patient Centered Medical Home** means a primary care practice organized to provide a first, coordinated, ongoing, and comprehensive source of care to patients to: (1) Foster a partnership with a child in out-of-home placement; (2) Coordinate health care services for a child in out-of-home placement; and (3) Exchange medical information with carriers, other providers, and children in out-of-home placement.

**Managed Care Organization (MCO)** means (a) a certified health maintenance organization that is authorized to receive medical assistance prepaid capitation payments; or (b) a corporation that: (i) Is a managed care system that is authorized to receive medical assistance prepaid capitation payments; (ii) enrolls only program recipients or individuals or families served under the Maryland Children's Health Program; and (iii) is subject to the requirements of §15-102.4 of the Health-General Article.

**Primary Care Physician (PCP)** means a practitioner who is the primary coordinator of care for the enrollee, and whose responsibility it is to provide accessible, continuous, comprehensive, and coordinated health care services covering the full range of benefits required by the Maryland Medicaid Managed Care Program as specified in COMAR 10.09.67.